



WASHINGTON AIRCRAFT FUEL  
DISTRIBUTOR - JET FUEL TAX RETURN

DJ

Fuel Tax Section  
PO Box 9048  
Olympia WA 98507-9048  
(360) 664-1852

A. REPORTING PERIOD Year: _____ Month: _____		FOR VALIDATION ONLY -- 039-030-115-0000	
B. <input type="checkbox"/> No Operations This Period <input type="checkbox"/> Name Change <input type="checkbox"/> Amended Return <input type="checkbox"/> Late Return <input type="checkbox"/> Address Change			
C.		VALIDATED POSTMARK DATE	
		D. Cancel License Effective Date _____	
Account # _____			
1	Beginning physical inventory	1	
2	Fuel received (total from Schedule A on reverse)	2	
3	Ending physical inventory	3	
4	Total accountable gallons (line 1 + line 2 - line 3)	4	
5	Tax exempt gallons (total from Schedule B on reverse)	5	
6	Taxable gallons (line 4 - line 5)	6	
7	Tax paid purchases (Schedule A, line A1 -- State Fuel Tax)	7	
8	Net taxable or credit gallons (line 6 - line 7)	8	
9	Aviation jet fuel tax (line 8 x tax rate)	9	
10	Penalty after 25th of month (line 9 x 10%)	10	
11	Sum of line 9 + line 10	11	
12	Interest after <b>end</b> of month (line 11 x 1%)	12	
13	Total fuel tax liability (line 11 + line 12)	13	
14	Previous Payments (Amended returns only)	14	( )
15	If total of lines 13 - 14 is greater than zero, amount owed	15	
16	If total of lines 13 - 14 is greater than zero, net refund amount	16	( )
		EFT payment _____	

PLEASE RETAIN A COPY OF THIS TAX RETURN FOR YOUR RECORDS

**SIGNATURE REQUIRED**

I understand and agree to the record keeping requirements for this return. I certify under penalty of perjury that this return is true, correct, and complete to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

# WASHINGTON AIRCRAFT FUEL DISTRIBUTOR - JET FUEL TAX RETURN

Name \_\_\_\_\_ Account/License no. \_\_\_\_\_

## SCHEDULE A - FUEL RECEIVED

A1 Gallons received tax - paid * (State Fuel Tax)	A1	
A2 Non-taxed from Washington licensed distributors *	A2	
A3 Imported direct to customer *	A3	
A4 Imported into tax-free storage *	A4	
A5 Other ** (Including gains from bulk storage, temperature adjustments and transportation)	A5	
Total fuel received (sum of lines A1 through A5)		

## SCHEDULE B - TAX EXEMPT GALLONS

B1 Sales to Washington licensed distributors *	B1	
B2 Export sales by distributor **	B2	
B3 Export sales by unlicensed purchaser **	B3	
B4 Sales to U.S. government agencies	B4	
B5 Sales to Washington certified users *	B5	
B6 Sales to exempt aircraft	B6	
B7 Sales to emergency medical air transport entities	B7	
B8 Other ** (Including losses from bulk storage, temperature adjustments and transportation)	B8	
Total exempt gallons (sum of lines B1 through B8)		

\* One support schedule per category-line required.

\*\* One support schedule required for each individual state and category of exported fuel.